STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Baptista, Myrna (ARCH)	**CHAPTER 100.1**
Address: **28-2845 Makahana Street, Pepeekeo, Hawaii 96783**	**Inspection Date: January 7, 2020 – Annual**

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-8 Primary care giver qualifications. (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall: Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current; **FINDINGS** Primary care giver (PCG) completed five (5) of the required six (6) hours of continuing education. Please complete one (1) additional hour of continuing education to be counted towards your 2020 annual inspection year.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. **FINDINGS** Substitute care giver (SCG) #1 and SCG #2 – no training provided by the PCG to provide prescribed medications.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

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☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1, prescription bottle label and physician order dated January 9, 2019 and April 2, 2019 read: • "Docusate 100 mg – take capsule once daily PRN **for constipation**" However, January – April 2019 medication records reflected the following: • "Docusate 100 mg take 1 capsule once daily as needed." Reason for administering prn medication was not documented on the medication record. Resident #1, prescription bottle label and physician order dated January 9, 2019, April 2, 2019, July 9, 2019, August 9, 2019 and November 26, 2019 read: • "Ibuprofen 400 mg take 1-2 tab every 8 hrs as PRN for pain **take w/ food**" However, January 2019 – January 2020 medication records reflected the following: • "Ibuprofen 400 mg take 1-2 tabs every 8 hrs as needed for pain"	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

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☒	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. **FINDINGS** Resident #1, physician order and June 2019 medication record read: • "Repaglinide 2mg tabs take 1 tab **3x**/day 15-30 min before meals" However, June 2019 medication record initialed as administered at "**11:30 am**" and "**5 pm**"	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; **FINDINGS** Resident #1, July 2019 monthly progress note did not indicate response to diet, medications, treatments and activity.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____